

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049299

DO NOT WRITE
ON THIS STUDVS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

FILED JAN 9 1963

818

Primary Registration District No.

1003

Registrar's No.

12996

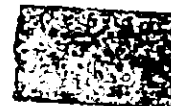
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in lb 60 Yrs		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Mo. Baptist Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4051 Chouteau	
3. NAME OF DECEASED (Type or print) First Middle Last TRUMAN F. BROWN				4. DATE OF DEATH Month Day Year 12 27 63			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/12/87	
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor				10b. KIND OF BUSINESS OR INDUSTRY Wabash R.R.		11. BIRTHPLACE (City and state or country) Illinois	
12. CITIZEN OF WHAT COUNTRY U.S.A.							
13a. FATHER'S NAME William Brown				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Grace Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.		17. INFORMANT Truman J. Brown, 8318 Hawkesbury	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Status epilepticus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Recurrent epileptic attack DUE TO (c) 353.3 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus				INTERVAL BETWEEN ONSET AND DEATH 2 hrs 2 yrs			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 1949 to 12-27-63 and last saw her alive on Nov. 22, 1963 Death occurred at 7 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE V.O. Fish (Degree or title)				22b. ADDRESS 1634 N. Grand Ave. St. Louis Mo		22c. DATE SIGNED 12-30-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/31/63		23c. NAME OF CEMETERY OR CREMATORY New St. Marcus		23d. LOCATION (City, town, or county) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR McLAUGHLIN'S, 2301 Lafayette				25. DATE RECD. BY LOCAL REG. DEC 30 1963		26. REGISTRAR'S SIGNATURE Rosal Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

CLIQUE - DR. FISIT



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.